PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APRLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

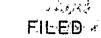
Secretary of State

DIVISION OF CORPORATIONS

## P98000082697 DOCUMENT #

1. Corporation Name

JME INSURANCE AGENCY, INC.



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

M. W. Ashan										
Principal Place of Business Mailing Address								'I REALINGE HE ARREI FANN ODEN DERN BENN ERING FAND HAND HAND ARRIV FERN HED		
			5895 N.W. 16 Miami Fl 330	N.W. 167 STREET I FL 33015						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							REINSTATEMENT 2000			
				ing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 09/22/1998			
Suite, Apt. #, etc. Suite, Apr.				#, etc.			5. FEI Numb		22/1998 Applie SP	
City & State			City & State	City & State			S. TEMUM	APPLIED FOR	Not Applicable	
Zip	ip Country		Zip	Zip		Country 6.		SERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer a	and/or Director (Flo	rida nonprofi	it corporati	ons must list at lea	st 3 directors)			
Title(s)	(s) Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director				City / State / Zip		
D	ESTEVE, JERONIMO M			5895 N.W. 167 STREET				MIAMI FL 33015		
VPD	D'ABBIERI, PHILIP			5095 N.W. 167 STREET				MIAMI FL 33015		
								500003436 -107247001 ****750.00	\$1852 01019014 ****750.00	
	8. Nam	e and Address of Curre	ent Registered Age	ent	······		9. Name and Address of New Registered Agent			
D'ABBIERI, PHIL 5895 N.W. 167 STREET MIAMI FL 33015					Name		P.O. Box Number is Not Acceptable)			
					City			State <b>FL</b>	Zip Code	
10. I, being Signature of Registered	of	e registered agent of the	above named corporate REGISTERED AG	M	ce	n and accept the ob	oligations of Se	Date	2/00	
this rein	nstatement ap by the corporat	plication, the reason for o	lissolution has been the names of individ	eliminated, luals listed o	the corpor on this form	ate name satisfies do not qualify for	the requireme an exemption (	chapter 607 or 617, F.S. I further onts of section 607.0401 or 617.04 under section 119.07(3)(i), F.S. T	01, F.S., that all fees	

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR